

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jesse Bushman

Signature of Treasurer

Jesse Bushman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="139414.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="185721.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14176.64"/>	<input type="text" value="61192.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="199898.06"/>	<input type="text" value="200607.38"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="15246.54"/>	<input type="text" value="15955.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="184651.52"/>	<input type="text" value="184651.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14146.64	40017.64
(ii) Unitemized .....	30.00	21175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	14176.64	61192.64
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	14176.64	61192.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14176.64	61192.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14176.64	61192.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13246.54	13955.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13246.54	13955.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15246.54	15955.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15246.54	15955.86

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14176.64	61192.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14176.64	61192.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	13246.54	13955.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	13246.54	13955.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 59  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Barbara Anderson**

Mailing Address 4263 Quail Rd.

City

Riverside

State

CA

Zip Code

92507-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Nurse-midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11410

Amount of Each Receipt this Period

135.00

In-kind - Book

Full Name (Last, First, Middle Initial)

**B. Barbara Anderson**

Mailing Address 4263 Quail Rd.

City

Riverside

State

CA

Zip Code

92507-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Nurse-midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.84

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11484

Amount of Each Receipt this Period

56.84

In-kind - book

Full Name (Last, First, Middle Initial)

**C. Barbara Anderson**

Mailing Address 4263 Quail Rd.

City

Riverside

State

CA

Zip Code

92507-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Nurse-midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.84

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11539

Amount of Each Receipt this Period

70.00

In-kind - book

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

261.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Melissa D Avery**

Mailing Address 4845 Irving Ave S

City

Minneapolis

State

MN

Zip Code

55419-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Professor and Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11489

Amount of Each Receipt this Period

50.00

In-kind - book

Full Name (Last, First, Middle Initial)

**B. Ana Baker**

Mailing Address 17510 8th Ave NE

City

Shoreline

State

WA

Zip Code

98155-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11AI.11634

Amount of Each Receipt this Period

15.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Nancy Bardacke**

Mailing Address 6538 Dana St

City

Oakland

State

CA

Zip Code

94609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MindfulnsBsdChildbirth&Parent

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

144.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11559

Amount of Each Receipt this Period

144.00

In-kind - books and CDs

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

209.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Erin Biscone**

Mailing Address 1913 Banks St.

City

Houston

State

TX

Zip Code

77098-5405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

166.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11452

Amount of Each Receipt this Period

71.02

In-kind - foam core boards

Full Name (Last, First, Middle Initial)

**B. Heather Bradford**

Mailing Address 527 Kirkland Ave.

City

Kirkland

State

WA

Zip Code

98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Hlth Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11480

Amount of Each Receipt this Period

20.00

In-kind - book

Full Name (Last, First, Middle Initial)

**C. Heather Bradford**

Mailing Address 527 Kirkland Ave.

City

Kirkland

State

WA

Zip Code

98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Hlth Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

128.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11482

Amount of Each Receipt this Period

108.00

In-kind - jewelry

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

199.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Heather Bradford**

Mailing Address 527 Kirkland Ave.

City State Zip Code  
Kirkland WA 98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Hlth Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

167.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11491

Amount of Each Receipt this Period

39.91

In-kind - bracelet and 2 purses

Full Name (Last, First, Middle Initial)

## **B. Heather Bradford**

Mailing Address 527 Kirkland Ave.

City State Zip Code  
Kirkland WA 98033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Hlth Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11602

Amount of Each Receipt this Period

96.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

## **C. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City State Zip Code  
Shawnee KS 66216-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11422

Amount of Each Receipt this Period

50.00

In-kind - rolling pin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11426

Amount of Each Receipt this Period

58.00

In-kind - Tote

Full Name (Last, First, Middle Initial)

**B. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11428

Amount of Each Receipt this Period

47.00

In-kind - Commemorative Coin

Full Name (Last, First, Middle Initial)

**C. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11430

Amount of Each Receipt this Period

20.00

In-kind - book and pencils

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216-5110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11434

Amount of Each Receipt this Period

250.00

In-kind - afternoon tea

Full Name (Last, First, Middle Initial)

## **B. Victoria Burslem**

Mailing Address 358 Woodlands Dr

City

Brandon

State

MS

Zip Code

39047-8187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Cresc Wmn's Hlthcare

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

07 / 13 / 2015

Transaction ID : SA11Al.11614

Amount of Each Receipt this Period

50.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

## **C. Aliya Caler**

Mailing Address 20 Adolph Sutro Ct Apt 204

City

San Francisco

State

CA

Zip Code

94131-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11Al.11624

Amount of Each Receipt this Period

15.00

July 2015 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

315.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Tara Cardinal**

Mailing Address 4409 50th Ave S.

City  
Seattle

State Zip Code  
WA 98118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiance Women's Wellness

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11396**

Amount of Each Receipt this Period

20.00

In-kind - Body Butter and Lip Balm

Full Name (Last, First, Middle Initial)

**B. Tara Cardinal**

Mailing Address 4409 50th Ave S.

City  
Seattle

State Zip Code  
WA 98118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiance Women's Wellness

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11398**

Amount of Each Receipt this Period

20.00

In-kind - Body Butter and Lip Balm

Full Name (Last, First, Middle Initial)

**C. Terri P. Clark**

Mailing Address 513 S 323rd Pl  
Apt 16G

City  
Federal Way

State Zip Code  
WA 98003-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle University

Occupation  
Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

196.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2015

**Transaction ID : SA11Al.11636**

Amount of Each Receipt this Period

50.00

July 2015 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Anne Cockerham**

Mailing Address 25853 Spring Farm Circl

City State Zip Code  
 Chantilly VA 20152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Associate Dean for Academic Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11521

Amount of Each Receipt this Period

60.00

In-kind - two books

Full Name (Last, First, Middle Initial)

## **B. Ellen Cohen**

Mailing Address 280 9 Ave 2B

City State Zip Code  
 New York NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11438

Amount of Each Receipt this Period

30.00

In-kind - 2 books

Full Name (Last, First, Middle Initial)

## **c. Mary K. Collins**

Mailing Address 2089 NW Pine Tree Way

City State Zip Code  
 Stuart FL 34994-8829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Womens Health Specialists

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11577

Amount of Each Receipt this Period

25.00

In-kind - coasters

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Davis**

Mailing Address 192 Seahorse Dr

City  
Vallejo

State  
CA

Zip Code  
94591-7861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11AI.11622

Amount of Each Receipt this Period

15.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**B. Katherine L Dawley**

Mailing Address 235 Pelham Road

City

Philadelphia

State

PA

Zip Code

19119-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 16 / 2015

Transaction ID : SA11AI.11616

Amount of Each Receipt this Period

500.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Mary Ellen Doherty**

Mailing Address 638 Danbury Road

City

Ridgefield

State

CT

Zip Code

06877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Connecticut State Univ

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11441

Amount of Each Receipt this Period

35.00

In-kind - book

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Ellen Doherty**

Mailing Address 638 Danbury Road

City

Ridgefield

State

CT

Zip Code

06877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Connecticut State Univ

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11571**

Amount of Each Receipt this Period

35.00

In-kind - book

Full Name (Last, First, Middle Initial)

**B. Michelle Drew**

Mailing Address 2713 N Washington St

City

Wilmington

State

DE

Zip Code

19802-3535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christiana Care Health System

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11606**

Amount of Each Receipt this Period

40.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**C. Sandy Elliott**

Mailing Address 15 Byrneberry Ct

City

Magnolia

State

DE

Zip Code

19962-1596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Delaware

Occupation

Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11617**

Amount of Each Receipt this Period

45.00

In-kind - PAC contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Janice Enriquez**

Mailing Address 16 Willowbrook Ln

City State Zip Code  
 Rancho Santa Margarita CA 92688-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2015

Transaction ID : SA11AI.11628

Amount of Each Receipt this Period

15.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**B. Eunice Kitty Ernst**

Mailing Address 1207 Perkiomenville Rd

City State Zip Code  
 Perkiomenville PA 18074-9603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : SA11AI.11557

Amount of Each Receipt this Period

10.00

In-kind - magazine

Full Name (Last, First, Middle Initial)

**C. Cynthia Farley**

Mailing Address 313 N. Winter St.

City State Zip Code  
 Yellow Springs OH 45387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Adjunct Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

87.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : SA11AI.11493

Amount of Each Receipt this Period

87.99

In-kind - book

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

112.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Emily D Fitzgerald**

Mailing Address 3616 39th Ave S

City  
Minneapolis

State Zip Code  
MN 55406-2839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Willow Midwife

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

177.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11529**

Amount of Each Receipt this Period

40.00

In-kind - T-shirts and bumper stickers

Full Name (Last, First, Middle Initial)

**B. JoAnn Fluent-Peistrup**

Mailing Address 7000 Penbrook Dr

City  
Franklin

State Zip Code  
TN 37069-8407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Midwifery Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SA11Al.11612**

Amount of Each Receipt this Period

75.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Eve K Hadley**

Mailing Address 2 Battery HI

City  
Vergennes

State Zip Code  
VT 05491-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tapestry Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11378**

Amount of Each Receipt this Period

150.00

In-kind - Dilation Board

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Hanson**

Mailing Address 530 N 16th St Clark Hall 341

City

Milwaukee

State

WI

Zip Code

53233-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11461

Amount of Each Receipt this Period

75.00

In-kind - tote bag

Full Name (Last, First, Middle Initial)

**B. Lisa Hanson**

Mailing Address 530 N 16th St Clark Hall 341

City

Milwaukee

State

WI

Zip Code

53233-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11463

Amount of Each Receipt this Period

15.00

In-kind - watch

Full Name (Last, First, Middle Initial)

**C. Lisa Hanson**

Mailing Address 530 N 16th St Clark Hall 341

City

Milwaukee

State

WI

Zip Code

53233-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11465

Amount of Each Receipt this Period

30.00

In-kind - lapel pin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Hanson**

Mailing Address 530 N 16th St Clark Hall 341

City

Milwaukee

State

WI

Zip Code

53233-2160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11467**

Amount of Each Receipt this Period

30.00

In-kind - necklace

Full Name (Last, First, Middle Initial)

**B. Patricia J Harman**

Mailing Address 3011 Greystone Dr.

City

Morgantown

State

WV

Zip Code

26508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Partners In Women's Hlth Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11579**

Amount of Each Receipt this Period

100.00

In-kind - 4 books

Full Name (Last, First, Middle Initial)

**C. Eliza Claire Harper**

Mailing Address 112 Acklen Park Dr Apt E7

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11600**

Amount of Each Receipt this Period

30.00

In-kind - PAC contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City

Genoa City

State

WI

Zip Code

53128-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11444

Amount of Each Receipt this Period

300.00

In-kind - signed apron

Full Name (Last, First, Middle Initial)

**B. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City

Genoa City

State

WI

Zip Code

53128-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11446

Amount of Each Receipt this Period

78.00

In-kind - tote bag

Full Name (Last, First, Middle Initial)

**C. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City

Genoa City

State

WI

Zip Code

53128-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

978.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11448

Amount of Each Receipt this Period

150.00

In-kind - picture

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

528.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City

Genoa City

State

WI

Zip Code

53128-1938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11450**

Amount of Each Receipt this Period

750.00

In-kind - hotel vacation

Full Name (Last, First, Middle Initial)

**B. Emily Hayes**

Mailing Address 10906 S Weiss Dr

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11531**

Amount of Each Receipt this Period

28.00

In-kind - coffee mug

Full Name (Last, First, Middle Initial)

**C. Emily Hayes**

Mailing Address 10906 S Weiss Dr

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unemployed - Student

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

78.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11573**

Amount of Each Receipt this Period

35.00

In-kind - DVD

**SUBTOTAL** of Receipts This Page (optional)..... ►

813.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 59  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Emily Hayes**

Mailing Address 10906 S Weiss Dr

City State Zip Code  
 South Jordan UT 84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Unemployed - Student

Occupation  
 Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

98.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2015

**Transaction ID : SA11AI.11575**

Amount of Each Receipt this Period

20.00

In-kind - book

Full Name (Last, First, Middle Initial)

**B. Catharine Hefferman**

Mailing Address PO 1116

City State Zip Code  
 Bethel ME 04217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Maine General Health

Occupation  
 Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2015

**Transaction ID : SA11AI.11432**

Amount of Each Receipt this Period

650.00

In-kind - ski weekend vacation

Full Name (Last, First, Middle Initial)

**c. Cheryl Anderson Heitkamp**

Mailing Address 717 Applewood Cir.

City State Zip Code  
 Victoria MN 55386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Willow Midwives

Occupation  
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 31 2015

**Transaction ID : SA11AI.11533**

Amount of Each Receipt this Period

40.00

In-kind - book

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Cheryl Anderson Heitkamp**

Mailing Address 717 Applewood Cir.

City  
Victoria

State  
MN

Zip Code  
55386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Willow Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1093.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11535

Amount of Each Receipt this Period

53.00

In-kind - printing

Full Name (Last, First, Middle Initial)

**B. Jerrilyn Hobby**

Mailing Address 130 Spruce St.  
#16B

City

Philadelphia

State

PA

Zip Code

19106-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Phila Health Action

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11598

Amount of Each Receipt this Period

25.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**C. Julia Lange Kessler**

Mailing Address 163 William Lain Rd.

City

Westtown

State

NY

Zip Code

10998-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11394

Amount of Each Receipt this Period

100.00

In-kind - Artwork and Poem

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

178.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Melissa Lawlor**

Mailing Address 59 Forest Ridge Rd

City

Pleasant Valley

State

NY

Zip Code

12569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11408

Amount of Each Receipt this Period

40.00

In-kind - Chocolate

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11459

Amount of Each Receipt this Period

175.00

In-kind - quilt

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11495

Amount of Each Receipt this Period

8.00

In-kind - earrings

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

223.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11497

Amount of Each Receipt this Period

8.00

In-kind - blankets

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11499

Amount of Each Receipt this Period

10.00

In-kind - earrings

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11501

Amount of Each Receipt this Period

30.00

In-kind - music cds

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

296.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11503

Amount of Each Receipt this Period

15.00

In-kind - wooden carving

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

311.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11505

Amount of Each Receipt this Period

15.00

In-kind - purse

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

331.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11507

Amount of Each Receipt this Period

20.00

In-kind - place mats

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11509**

Amount of Each Receipt this Period

15.95

In-kind - book

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11511**

Amount of Each Receipt this Period

20.00

In-kind - trivet, artwork

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11513**

Amount of Each Receipt this Period

25.00

In-kind - bracelet and necklace

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.95

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 59

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Barbara Co. Health Dept.Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11Al.11515**

Amount of Each Receipt this Period

25.00

In-kind - print

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Barbara Co. Health Dept.Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11Al.11517**

Amount of Each Receipt this Period

25.00

In-kind - scarf

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Barbara Co. Health Dept.Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SA11Al.11519**

Amount of Each Receipt this Period

25.00

In-kind - bowl

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11523**

Amount of Each Receipt this Period

55.00

In-kind - earrings

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11525**

Amount of Each Receipt this Period

60.00

In-kind - placemats

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444-9736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Barbara Co. Health Dept.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11527**

Amount of Each Receipt this Period

8.00

In-kind - earrings

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Wilson Liverman**

Mailing Address 7964 Hooten Hows Rd.

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Ctr for Women's Hlth

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11402**

Amount of Each Receipt this Period

25.00

In-kind - Book

Full Name (Last, First, Middle Initial)

**B. Lisa Kane Low**

Mailing Address 4701 Bridgeway

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11470**

Amount of Each Receipt this Period

250.00

In-kind - Meal with President-Elect

Full Name (Last, First, Middle Initial)

**C. Vivian Lowenstein**

Mailing Address 1124 Beverly Rd.

City

Jerkiatown

State

PA

Zip Code

19046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple Univ. Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11Al.11400**

Amount of Each Receipt this Period

30.00

In-kind - Pin, pendant, candle holder

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Vivian Lowenstein**

Mailing Address 1124 Beverly Rd.

City State Zip Code  
 Jerkiatown PA 19046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple Univ. Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11592

Amount of Each Receipt this Period

100.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**B. Hannah Mann**

Mailing Address 2428 Tillett Rd., SW

City State Zip Code  
 Roanoke VA 24015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shiphrah Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

07 / 13 / 2015

Transaction ID : SA11AI.11611

Amount of Each Receipt this Period

50.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Maria Luisa Mendoza**

Mailing Address 183 W 238th St Apt 55W

City State Zip Code  
 Bronx NY 10463-2546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11AI.11632

Amount of Each Receipt this Period

15.00

July 2015 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Laura D Migliaccio**

Mailing Address 1325 Wellesley Dr NE

City State Zip Code  
 Albuquerque NM 87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Univ. Midwifery Associates

Occupation  
 CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

MM / DD / YYYY  
 07 / 31 / 2015

Transaction ID : SA11AI.11537

Amount of Each Receipt this Period

60.00

In-kind - 4 tea towels

Full Name (Last, First, Middle Initial)

**B. Mary Kay Miller**

Mailing Address 13300 Gulf Blvd Apt C

City State Zip Code  
 Madeira Beach FL 33708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Partners in Women's Health Care

Occupation  
 CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.00

Date of Receipt

MM / DD / YYYY  
 07 / 31 / 2015

Transaction ID : SA11AI.11380

Amount of Each Receipt this Period

75.00

In-kind - Sweater

Full Name (Last, First, Middle Initial)

**C. Mary Kay Miller**

Mailing Address 13300 Gulf Blvd Apt C

City State Zip Code  
 Madeira Beach FL 33708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Partners in Women's Health Care

Occupation  
 CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.00

Date of Receipt

MM / DD / YYYY  
 07 / 31 / 2015

Transaction ID : SA11AI.11384

Amount of Each Receipt this Period

75.00

In-kind - Sweater

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Kay Miller**

Mailing Address 13300 Gulf Blvd Apt C

City

Madeira Beach

State

FL

Zip Code

33708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Partners in Women's Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11387

Amount of Each Receipt this Period

75.00

In-kind - Sweater

Full Name (Last, First, Middle Initial)

**B. Mary Kay Miller**

Mailing Address 13300 Gulf Blvd Apt C

City

Madeira Beach

State

FL

Zip Code

33708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Partners in Women's Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11389

Amount of Each Receipt this Period

75.00

In-kind - Sweater

Full Name (Last, First, Middle Initial)

**C. Lonnie C Morris**

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Childbirth Center, LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11585

Amount of Each Receipt this Period

2000.00

In-kind - 1 week vacation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Cara Muhlhahn**

Mailing Address 646 E. 11th st. C3

City  
New York

State Zip Code  
NY 10009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cara Muhlhahn Midwifery

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11412

Amount of Each Receipt this Period

35.00

In-kind - Book

Full Name (Last, First, Middle Initial)

**B. Heather Murphy**

Mailing Address 11188 Grand Winthrop Ave

City  
Riverview

State Zip Code  
FL 33578-4668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USF Physicians Group

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11391

Amount of Each Receipt this Period

90.00

In-kind - Print

Full Name (Last, First, Middle Initial)

**C. Katie Page**

Mailing Address 1332 Narrows Lane

City  
Lynchburg

State Zip Code  
VA 24503-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CMG Women's Center

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11487

Amount of Each Receipt this Period

187.95

In-kind - prints &amp; books

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

312.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Katie Page**

Mailing Address 1332 Narrows Lane

City

Lynchburg

State

VA

Zip Code

24503-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CMG Women's Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

215.95

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11587

Amount of Each Receipt this Period

28.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

## **B. Katrina Pinkerton**

Mailing Address 209 Aegean Way Apt 266

City

Vacaville

State

CA

Zip Code

95687-4090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

145.00

Date of Receipt

07 / 13 / 2015

Transaction ID : SA11AI.11615

Amount of Each Receipt this Period

30.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

## **C. Lesley Rathbun**

Mailing Address 9133 Timber St

City

North Charleston

State

SC

Zip Code

29406-9075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Assoc of Birth Ctrs

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11AI.11637

Amount of Each Receipt this Period

50.00

July 2015 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Anne M Richter**

Mailing Address 1422 Arrowhead Cir. W.

City

Clearwater

State

FL

Zip Code

33759-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Midwifery Resource Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11414

Amount of Each Receipt this Period

15.00

In-kind - handbag

Full Name (Last, First, Middle Initial)

**B. Anne M Richter**

Mailing Address 1422 Arrowhead Cir. W.

City

Clearwater

State

FL

Zip Code

33759-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Midwifery Resource Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11416

Amount of Each Receipt this Period

10.00

In-kind - Picture

Full Name (Last, First, Middle Initial)

**C. Anne M Richter**

Mailing Address 1422 Arrowhead Cir. W.

City

Clearwater

State

FL

Zip Code

33759-2556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Midwifery Resource Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11418

Amount of Each Receipt this Period

20.00

In-kind - Statue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Sharon S. Rising**

Mailing Address 1220 East West Hwy #610

City

Silver Spring

State

MD

Zip Code

20910-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centering Healthcare Institute

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11563**

Amount of Each Receipt this Period

20.00

In-kind - artwork

Full Name (Last, First, Middle Initial)

**B. Sharon S. Rising**

Mailing Address 1220 East West Hwy #610

City

Silver Spring

State

MD

Zip Code

20910-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centering Healthcare Institute

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11565**

Amount of Each Receipt this Period

25.00

In-kind - candle circle

Full Name (Last, First, Middle Initial)

**c. Sharon S. Rising**

Mailing Address 1220 East West Hwy #610

City

Silver Spring

State

MD

Zip Code

20910-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centering Healthcare Institute

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11567**

Amount of Each Receipt this Period

30.00

In-kind - picture

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Sharon S. Rising**

Mailing Address 1220 East West Hwy #610

City

Silver Spring

State

MD

Zip Code

20910-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centering Healthcare Institute

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

07 / 31 / 2015

**Transaction ID : SA11AI.11569**

Amount of Each Receipt this Period

40.00

In-kind - artwork

Full Name (Last, First, Middle Initial)

**B. Elizabeth Robson**

Mailing Address 106 Irving St NW

City

Washington

State

DC

Zip Code

20010-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medstar

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

07 / 31 / 2015

**Transaction ID : SA11AI.11589**

Amount of Each Receipt this Period

30.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**C. Amy Romano**

Mailing Address 67 Hauser Street

City

Milford

State

CT

Zip Code

06460-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maternity Neighbourhood

Occupation

Vice President of Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

07 / 31 / 2015

**Transaction ID : SA11AI.11478**

Amount of Each Receipt this Period

50.00

In-kind - Book

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Lynneece M. Rooney**

Mailing Address 1430 Spillers Ln

City

Houston

State

TX

Zip Code

77043-4137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial H.Mem. City Med Ctr

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11406

Amount of Each Receipt this Period

60.00

In-kind - Aloe

Full Name (Last, First, Middle Initial)

**B. Deborah Maly Ross**

Mailing Address 15620 Rolfe Hwy

City

Surry

State

VA

Zip Code

23883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11620

Amount of Each Receipt this Period

42.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**C. Emily K Rumsey**

Mailing Address 2919 3rd Ave S Apt 3

City

Minneapolis

State

MN

Zip Code

55408-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11Al.11561

Amount of Each Receipt this Period

80.00

In-kind - documentary

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

182.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Angela Seigler**

Mailing Address 305 Oak Dr

City  
Belton

State  
SC

Zip Code  
29627-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11AI.11630

Amount of Each Receipt this Period

15.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**B. Ashleigh Shiffler**

Mailing Address 2235 S Huron Pkwy Apt 2

City  
Ann Arbor

State  
MI

Zip Code  
48104-5146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

07 / 21 / 2015

Transaction ID : SA11AI.11626

Amount of Each Receipt this Period

15.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Susan M Skinner**

Mailing Address 3625 Arbor Dr. NW

City  
Rochester

State  
MN

Zip Code  
55901-4158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Rochester

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.11424

Amount of Each Receipt this Period

200.00

In-kind - necklace and bracelet

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Joan Slager**

Mailing Address 3681 S 26th Street

City

Kalamazoo

State

MI

Zip Code

49048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bronson Women's Service

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SA11Al.11472

Amount of Each Receipt this Period

300.00

In-kind - consultation

Full Name (Last, First, Middle Initial)

**B. Denise Colter Smith**

Mailing Address 324 Wrens Way

City

Falls Church

State

VA

Zip Code

22046-3517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY  
07 / 21 / 2015

Transaction ID : SA11Al.11639

Amount of Each Receipt this Period

50.00

July 2015 Contribution

Full Name (Last, First, Middle Initial)

**C. Elizabeth Sova**

Mailing Address 5777 Amberbrooke Arch  
Apt. 104

City

Virginia Beach

State

VA

Zip Code

23464-9116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.99

Date of Receipt

MM / DD / YYYY  
07 / 31 / 2015

Transaction ID : SA11Al.11604

Amount of Each Receipt this Period

45.99

In-kind - PAC contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

395.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
American Nurses Association Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11541

Amount of Each Receipt this Period

10.00

In-kind - candle

Full Name (Last, First, Middle Initial)

## **B. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
American Nurses Association Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11543

Amount of Each Receipt this Period

15.00

In-kind - pin

Full Name (Last, First, Middle Initial)

## **C. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
American Nurses Association Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11545

Amount of Each Receipt this Period

15.00

In-kind - pin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11547

Amount of Each Receipt this Period

15.00

In-kind - birthing egg

Full Name (Last, First, Middle Initial)

## **B. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11549

Amount of Each Receipt this Period

40.00

In-kind - collection of items

Full Name (Last, First, Middle Initial)

## **C. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11Al.11551

Amount of Each Receipt this Period

75.00

In-kind - pottery bowl

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11553**

Amount of Each Receipt this Period

150.00

In-kind - wool vest

Full Name (Last, First, Middle Initial)

## **B. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11555**

Amount of Each Receipt this Period

15.00

In-kind - fleece vest

Full Name (Last, First, Middle Initial)

## **C. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11581**

Amount of Each Receipt this Period

500.00

In-kind - fur coat

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

665.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

## **A. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City  
Silver Spring

State Zip Code  
MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Nurses Association

Occupation  
Senior Policy Fellow

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11583**

Amount of Each Receipt this Period

25.00

In-kind - book

Full Name (Last, First, Middle Initial)

## **B. Kimm J Sun**

Mailing Address 254 Hoyt Street

City  
Brooklyn

State Zip Code  
NY 11217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11455**

Amount of Each Receipt this Period

3200.00

In-kind - photo

Full Name (Last, First, Middle Initial)

## **C. Kim Kovach Trout**

Mailing Address 26 Hastings Ave

City  
Havertown

State Zip Code  
PA 19083-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pennsylvania

Occupation  
Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

102.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.11609**

Amount of Each Receipt this Period

52.99

In-kind - PAC contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3277.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 59

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Rebecca White**

Mailing Address 602 Fairview Ave

City

Blacksburg

State

VA

Zip Code

24060-5722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WomenCare Birth Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

22.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11594

Amount of Each Receipt this Period

22.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**B. Rebecca White**

Mailing Address 602 Fairview Ave

City

Blacksburg

State

VA

Zip Code

24060-5722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WomenCare Birth Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

47.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.11596

Amount of Each Receipt this Period

25.00

In-kind - PAC contribution

Full Name (Last, First, Middle Initial)

**C. Sheri Williams**

Mailing Address 1030 Grape Ave

City

Boulder

State

CO

Zip Code

80304-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rose Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2015

Transaction ID : SA11AI.11640

Amount of Each Receipt this Period

50.00

July 2015 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

97.00

14146.64

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Category/  
Type

Age Group	Percentage
18-24	10
25-34	20
35-44	30
45-54	25
55-64	15
65-74	10
75+	70

07 / 02 / 2015

Category/  
Type

19.95

07 / 31 / 2015

Category/  
Type

96.00

185.95

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 59

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City Shawnee      State KS      Zip Code 66216-5110

Purpose of Disbursement  
In-kind - afternoon tea

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : SB21B.11435**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City Genoa City      State WI      Zip Code 53128-1938

Purpose of Disbursement  
In-kind - signed apron

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : SB21B.11445**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City Genoa City      State WI      Zip Code 53128-1938

Purpose of Disbursement  
In-kind - tote bag

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : SB21B.11447**

Amount of Each Disbursement this Period

78.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

628.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 59

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City Genoa City      State WI      Zip Code 53128-1938

Purpose of Disbursement  
In-kind - picture

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : SB21B.11449**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City Genoa City      State WI      Zip Code 53128-1938

Purpose of Disbursement  
In-kind - hotel vacation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : SB21B.11451**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Catharine Heffernan**

Mailing Address PO 1116

City Bethel      State ME      Zip Code 04217

Purpose of Disbursement  
In-kind - ski weekend vacation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      31      2015
**Transaction ID : SB21B.11433**

Amount of Each Disbursement this Period

650.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 59

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - earrings

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11500**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - music cds

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11502**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - wooden carving

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11504**

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 59

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - purse

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11506**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - place mats

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11508**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - book

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11510**

Amount of Each Disbursement this Period

15.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.95



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 59

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - scarf

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11518**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - bowl

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11520**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - earrings

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11524**

Amount of Each Disbursement this Period

55.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 59

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - placemats

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11526**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444-9736

Purpose of Disbursement  
In-kind - earrings

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11528**

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

**C. Lisa Kane Low**

Mailing Address 4701 Bridgeway

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement  
In-kind - Meal with President-Elect

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 31 2015
**Transaction ID : SB21B.11471**

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

318.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

75.00

07 / 31 / 2015

75.00

State:  District:

2150.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Category/  
Type

28.00

07 / 03 / 2015

Category/  
Type

59.95

Category/  
Type

300.00

387.95

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

### A. Lisa Summers

Category/  
Type

150.00

State:  District:

### B. Lisa Summers

07 / 31 / 2015

Category/  
Type

State:  District:

### C. Lisa Summers

Category/  
Type

500.00

State:  District:

665.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 59

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Summers**

Mailing Address 1220 Noyes Dr.

City	State	Zip Code
Silver Spring	MD	20910

Purpose of Disbursement  
In-kind - book

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SB21B.11584**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Kimm J Sun**

Mailing Address 254 Hoyt Street

City	State	Zip Code
Brooklyn	NY	11217

Purpose of Disbursement  
In-kind - photo

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

**Transaction ID : SB21B.11456**

Amount of Each Disbursement this Period

3200.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3225.00
---------

9390.85
---------

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

State: MN District: 03

Category/  
Type

State: PA District: 16

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2000.00

2000.00